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OCT - 4 2006

State of South Carolina  
Department of Health and Human Services

Per \_\_\_\_\_

Mark Sanford  
Governor

Robert M. Kerr  
Director

October 2, 2006

Ms. Virgie Randolph Chambers  
Director  
Office of School-Based Health Finance  
State Department of Education  
1429 Senate Street, Suite 1114  
Columbia, South Carolina 29201

Dear Ms. Chambers:

With implementation of the FY07 Medicaid Adolescent Pregnancy Prevention Services (MAPPS) contract year and the beginning of the new school year, the Department of Health and Human Services (DHHS) would like to clarify several issues based on our latest quality assurance reviews.

- **Medical necessity**

Eligibility criteria for MAPPS participants include at least one health risk factor. Documentation must support at least one of these health risk factors that justify the need for MAPPS:

- Parent(s) were teen parents
- Sibling is pregnant and/or is a teen parent
- Peer pressure to engage in sexual activity is identified as a problem by the adolescent.

**Peer pressure is defined as:**

- a. The participant is in a relationship with a partner who is sexually aggressive or trying to persuade the participant to engage in sex.
- b. The participant has friends who are sexually active with which he or she is uncomfortable.
- Participant is sexually active and/or has a history of sexual abuse.

The participant is not eligible for MAPPS if one of these risk factors is not present.

- **Screening to Determine the Appropriateness of Consideration of an Individual for Participation in a Specified Program, Project, or Treatment Protocol (T1023-FP)**

A licensed or certified health care professional must provide this service. **NOTE: Unlicensed/non-certified staff may NOT provide any part of this service.**

A screening (assessment) must include information on social, psychological, environmental, and health risk factors that justify the delivery of MAPPS to the participant.

The treatment protocol (case plan) must include family planning goals and objectives based on the assessment; expected time frames for completion of the goals and objectives; the signature and date of the worker, the participant, and the parent/caregiver.

The needs assessment and case plan must be completed **prior** to providing individual (S9445-FP) or group

(S9446-FP) sessions. A licensed or certified health care professional must update the case plan annually (every 12 months) or whenever additional risk factors are identified. An updated Sample Screening Form and a new Sample Case Plan are attached and will be added to the manual. **Please revise your forms to include all of the information on the attached sample forms immediately.**

If the criteria for Assessment and Case Plan (T1023-FP) are not met, no service is billable.

- **Documentation of Family Planning Services**

MAPPS are face-to-face counseling sessions for adolescents regarding family planning. All documentation must relate to family planning (including the client's response).

An individual session (S9445-FP) must address a minimum of three (3) documentation points plus the client's response. A group session (S9446-FP) must last a minimum of 45 continuous minutes and must address at least five (5) documentation points plus the client's response. DHHS will reimburse a maximum of 64 units of individual sessions and 64 units of group sessions per contract year for each participant.

**Licensed/certified staff must co-sign all documentation provided by unlicensed/non-certified staff. Unlicensed/non-certified staff providing individual sessions must also attend an approved individualized counseling training prior to providing individual sessions.**

**All staff providing direct services (both licensed/certified and unlicensed/non-certified) must attend a minimum of 20 hours of approved family planning training per contract year.**

- **Individualization of Notes**

Documentation must reflect services specific to the participant. Individualize all documented services for each participant as it relates to family planning (purpose, objective of the session, and the participant's response and participation level). All documentation must support time billed for services.

- **Evidence Based Curricula**

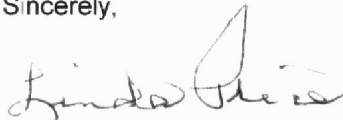
Providers must use evidence-based curricula. Attached is list of evidence-based curricula from the National Campaign to Prevent Teen Pregnancy. Please note that all curricula in this publication are evidence-based, but not all curricula listed are appropriate for MAPPS (i.e. service learning programs) and not all lessons include family planning information. If you have questions about a curriculum, please contact your program representative, Diane McLeod at (803) 898-2857 prior to implementation.

Policy clarifications are posted in the MAPPS section of the *Medicaid Enhanced Services* manual on our website (<http://www.scdhhs.gov>). Please check regularly for updates. To link directly to the manual, go to:

[www.dhhs.state.sc.us/dhhsnew/ServiceProviders/ProviderManualsAll.asp?pType=Enhanced](http://www.dhhs.state.sc.us/dhhsnew/ServiceProviders/ProviderManualsAll.asp?pType=Enhanced)

Thank you for your continuing service to Medicaid adolescents. If you have any questions regarding this letter, please call Ms. Diane McLeod or me at (803) 898-4614.

Sincerely,



Linda E. Price, RN, BSN  
Department Head

cc: S. Boyd  
V. Chambers